PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10858111

		CLAIMS A		,	I			SMALL	ENTITY		OTHE	R THAN	
			(Colun	(Column 1)		(Column 2)		TYPE		OR SMAL		L ENTITY	
Ľ	OTAL CLAIM	\$ 	06			•		RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUM	BER EXTRA		BASIC FE	€ 385.00	ОЯ	BASIC FE	770.00	
T	OTAL CHARGE	30 minus 20=		•			X\$ 9=		OR	X\$18=			
_	DEPENDENT () minus 3 =					X43=		OR	X86≈			
MULTIPLE DEPENDENT CLAIM PRESENT							+145=		OR	+290=			
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	770				
	(CLAIMS AS A	MENDE	D - PART	T II	-					OTHER		
_	1	(Column 1)	1	(Colum		(Column 3)		SMALL	ENTITY	OR	SMALL		
ENT A		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	. 30	Minus	- 3				X\$ 9=		OR	X\$18=		
AME	Independent	ENTATION OF M	Minus		3			X43≖ .		OR.	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
TOTAL TOTAL TOTAL								TOTAL					
	•	(Column 1)		(Colum	n 21	(Column 3)	.ه.	DDIT. FEE		jon,	ADDIT. FEE		
<u> </u>		CLAIMS		HIGHE	.ST	<u> </u>	Г		ADDI-	ſ		ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIOU PAID F	JSLY	PRESENT		RATE	TIONAL FEE		RATE	TIONAL FF	
200	Total	. 30	Minus	- 3	<u>0</u>	-		X\$ 9=		OR	X\$18=	\/	
AME	Independent	NTATION OF MU	Minus		3	/	Γ	X43=	X	OR	X86=	X	
	PINST PRESE	NIATION OF MO	LIPLE DE	ENDENT	- CAIMI			+145=	1	OR	+290=	/	
							45	TOTAL	-/ -		TOTAL		
		(Column 1)		(Column	n: 2}	(Column 3)		DDIT. FEE L	· · · · · ·		ODIT. FEE L		
נאו	•	CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	ST A ISLY	PRESENT EXTRA	Ė	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
-	Total		Minus	**				X\$ 9≈		OR	X\$18=		
	Independent	•	Minus	***		=	\vdash	X43=		-	X86=		
1	FIRST PRESE	NTATION OF MU	LTIPLE DEF	ENDENT C	LAIM		-		 -{	DR			
• 11	the entry in entry	nn 1 is less than the	anine in ani	na 3 waka *A	o in ant	umo 3 ·	Ŀ	145=		DR L	+290=		
•• II	the "Highest Nun	nn i in less man me nber Previously Pai nber Previously Pai	d For IN THIS	S SPACE is le	ess than	20, enter "20."	ADI	TOTAL DIT. FEE		DR A	TOTAL DOTT. FEE	j	
Ť	he "Highest Num	ber Previously Paid	For (Total or	Independent) is the	righest number	lound	in the appr	opriate box i	n colui	ma 1.		